

Telehealth and Work Comp in Montana – FAQs

Telehealth-based delivery of care is available in the Montana workers' compensation system, for use at the discretion of the treating provider. To facilitate the safe delivery of health care services to patients throughout the COVID-19 state of emergency, the Montana Department of Labor & Industry would like to communicate temporary changes to the previously existing approach to telemedicine. These changes are based on the guidance contained in the Governor's 3-20-20 Directive Implementing Executive Orders 2-2020 and 3-2020 providing for expanded telemedicine. Specifically, the Department wants its customers to know the following:

- 1) Expansion of the definition of telemedicine services is allowed to include telephone only and live chat modalities (e.g., video and audio, audio only, or other electronic media).
- 2) The dissemination of billing codes to provide reimbursement for telehealth-based services.

What platforms are acceptable forms of communication?

The patient and provider may communicate by their personal telephone, computer or other electronic device using communication technologies such as Facetime or Skype.

Under what circumstances might I use telehealth-based care in workers' compensation?

In this current environment, telehealth-based care may be suited for triage, initial injury or urgent evaluation on an on-demand basis, follow-up injury care, psychiatric/psychological services, return to work evaluations, and medication management, among others.

Are there specific requirements for the patient or provider location?

It is acceptable to use telemedicine to facilitate live contact between a patient and their provider. Services can be provided between a patient and a distant provider when a patient is in their home or other location of their choice. Similarly, the provider may participate from any appropriate location.

How should I bill for a telehealth-based visit?

There is an established list of telephonic codes that have been created and approved by American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS). Per AMA Guidelines, as well as our own, a provider is to use the correct code for the services provided. For questions regarding coding, please contact Celeste Ackerman at 406.444.6543.

Aside from seeing the provider remotely, are there other differences from an in-person encounter?

No, the documentation requirements are the same for a telehealth-based visit as they are for an in-person visit. A provider can prescribe medications in the same way they do at an office visit. The provider must document the patient's consent, either verbal or written, to receive telemedicine services. The use of telemedicine does not change the prior authorization requirements. Confidentiality requirements are the same as for in-person care. Recordkeeping and patient privacy standards should comply with normal Medicaid requirements and HIPAA.

Where can I find additional information about the Centers for Medicare & Medicaid Services (CMS) statement on telehealth services?

CMS has a provider fact sheet on their website at <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet> or frequently asked questions <https://edit.cms.gov/files/document/medicare-telehealth-frequently-asked-questions-faqs-31720.pdf>.

Dated March 26, 2020 Note: Because of the fluid nature of the COVID-19 emergency, this guidance may be updated.